

IN THE UNITED STATES DISTRICT COURT
FOR THE MIDDLE DISTRICT OF TENNESSEE
NORTHEASTERN DIVISION

DAVID CHERRY, Personal)	
Representative of the ESTATE OF)	
PAMELA CHERRY, Deceased,)	
)	
Plaintiff,)	
vs.)	CASE NO.
)	2:12-CV-00043
MACON HOSPITAL, INC. d/b/a MACON)	
COUNTY GENERAL HOSPITAL and)	
HANNA C. ILIA, M.D.,)	
)	
Defendants.)	
_____)	

VIDEOTAPED DEPOSITION OF

HANNA C. ILIA, M.D.

Taken on Behalf of the Plaintiff

March 19, 2013

VOWELL & JENNINGS, INC.
Court Reporting Services
207 Washington Square Building
214 Second Avenue North
Nashville, Tennessee 37201
(615) 256-1935

1 smoker?

2 A. Yes, sir.

3 Q. And that would be a risk factor for heart
4 attack; would it not?

5 A. Absolutely.

6 Q. And as described, pain from neck and jaw
7 down to midchest would be a pain pattern
8 consistent with the presentation of a heart attack
9 in a 58-year-old woman; would it not?

10 MR. JAMESON: Object to the form of
11 the question.

12 You can answer.

13 MS. BROWN: Object to the form.

14 THE WITNESS: No, not necessarily.

15 Only -- she did not come only with chest pain.
16 First -- first thing she came was sunburn, and you
17 have to put that in the equation, sir. You can't
18 have one without the other.

19 BY MR. KEHOE:

20 Q. Is sunburn listed in the triage note,
21 Doctor?

22 A. Yes, sir.

23 Q. That's down at the -- at the bottom; is it
24 not?

25 A. Yes, sir.

1 Q. Is it your testimony to the ladies and
2 gentlemen of this jury that this woman presented
3 to the emergency room at Macon County General
4 Hospital with ten out of ten pain for sunburn?

5 A. No, it was not presented like this, but
6 the sunburn was there.

7 Q. She had a radiating pattern of pain; did
8 she not?

9 A. I did not know that. And I -- it's not
10 like I did not know that, but -- did not say it
11 was radiating. Was separate pain. When I asked
12 my own history from her, start from the jaw -- she
13 had pain in the jaw, in the neck, and the
14 midchest, and the back.

15 Q. And that is consistent -- that is
16 consistent and worrisome for a woman presenting
17 with a heart attack?

18 A. Absolutely.

19 Q. And she additionally had a report of
20 having experienced nausea and vomiting, didn't
21 she?

22 A. She didn't have that not in the emergency
23 room, no.

24 Q. Her history that was obtained in the
25 course of --

1 Q. And you wouldn't want to arrive at some
2 diagnosis of significant lesser severity unless
3 one was truly comfortable with ruling out a heart
4 attack?

5 A. Yes, sir.

6 Q. What was the onset of -- of the complaints
7 that brought her into the emergency room?

8 A. From my own questioning to her, she was
9 under the sun all day, and she was experiencing
10 the pain. Okay. In the nursing note, she said
11 two or three hours earlier.

12 Q. The onset of her pain was described as two
13 to three hours prior to being presented to the
14 emergency room?

15 A. That's in the nurse's note.

16 Q. And you have to review those; do you not?

17 A. I did, but I have to take my own history
18 too.

19 Q. Does it make a difference whether it was
20 indeed a sudden onset two to three hours before
21 presenting to the emergency room or not?

22 MR. JAMESON: Object to the form of
23 the question.

24 BY MR. KEHOE:

25 Q. Is it clinically significant?

1 A. Everything is significant. You have to
2 look at the whole picture. It's not like you can
3 pick one thing. Every -- every -- the history is
4 significant; the physical exam is significant.
5 Everything is significant. I mean, you can't rely
6 on one thing.

7 Q. Was, indeed, her onset of pain sudden in
8 nature?

9 A. I don't recollect that. Honestly, I
10 don't.

11 Q. If it was sudden in onset two to three
12 hours before she arrives at -- at the emergency
13 room and she has this whole pattern that we went
14 through, that too would be consistent with a heart
15 attack, wouldn't it?

16 A. It's very significant to rule out heart
17 attack, yes.

18 Q. It's been the under-oath testimony of
19 Pamela Cherry's husband, David, that she had a
20 sudden onset of severe pain around 5 o'clock.

21 Do you know of any information that's
22 inconsistent with that?

23 A. From -- I do not remember specifically
24 asking her. But I remember ask -- she -- she
25 told -- she told me she was all day under the sun,

1 and she started -- she started having pain. I
2 can't be 100 percent sure.

3 Q. If one is taking a focused history because
4 of any, you know, potential concern for a heart
5 attack, describing and recording the nature and
6 the quality and the timing and onset of the pain
7 pattern would -- would be very important; would it
8 not?

9 A. Absolutely.

10 Q. And what -- what did the nursing
11 documentation tell you about that?

12 A. That's what it says, yes.

13 Q. It says, indeed, it was -- was sudden
14 in -- in onset. She had been washing the car, and
15 she sat down and then had the sudden onset of
16 severe pain.

17 A. Yes, sir.

18 Q. And that is certainly a description that
19 would be consistent and worrisome, along with all
20 of the other triage notes for heart attack,
21 wouldn't it?

22 A. One --

23 MR. JAMESON: Object to the form of
24 the question.

25 THE WITNESS: The pain -- she -- she

1 presented with the pain from the jaw, neck, and
2 chest, and the back. All this corresponded to
3 exactly what the sunburn was.

4 BY MR. KEHOE:

5 Q. You think the sunburn was -- was causing
6 her jaw pain? Was that your conclusion?

7 A. Yes, sir.

8 Q. At the bottom of Page 6, Dr. Ilia, in
9 Exhibit No. -- No. 1, it looks like there's
10 initials or -- or a signature.

11 A. Yes, sir.

12 Q. Is that yours?

13 A. Yes, sir.

14 Q. And that's down under the information
15 block where it says Pam Cherry, date of birth,
16 et cetera?

17 A. Yes, sir.

18 Q. And that would be indicating that you --
19 you've -- have reviewed and noted the nurse's and
20 triage notes?

21 A. Yes, that -- that's what it means. But it
22 doesn't mean my own history is not going to be
23 deferred, be different.

24 Q. So much of this if not of the -- the
25 majority of what we have on Page 6 would be

1 location of her pain; do you not?

2 A. Yes, sir.

3 Q. And you note the quality as a burning type
4 of pain?

5 A. Yes, sir.

6 Q. Are you telling us that that was a
7 sunburning type of pain that you were noting?

8 A. Yes, sir.

9 Q. What did you note, if anything, about
10 nausea, vomiting, sweating, shortness of breath?

11 A. I knew she did have episode -- one episode
12 of vomiting, had no shortness of breath, no
13 sweating, none of that.

14 Q. You make no notations under Associated
15 Symptoms, do you?

16 A. I do not; you're right, sir.

17 Q. Did -- did you take a focused cardiac
18 history on this patient?

19 A. I asked her a question about her history,
20 yes, sir.

21 Q. Did you take a focused cardiac history on
22 this patient?

23 A. I -- I asked her about if she has heart
24 disease, if she has family history of heart
25 disease. Yes, I did.

1 Q. You do note under Past History that it
2 included hyperlipidemia; is that right?

3 A. Yes, sir.

4 Q. Was she a cooperative and accurate
5 historian as near as you could tell?

6 A. Well, initially she was very anxious. And
7 after the EKG was done, I looked at it. It was
8 good to me, and I told her, you know, You will be
9 fine. We will take care of you. I reassured her.
10 She was very polite, and she -- she calmed down.

11 Yeah, she was very cooperative after that
12 on some other issues, but very, very polite, yes,
13 sir.

14 Q. Why don't we turn over, Dr. Ilia, to the
15 second of the two pages, which I believe would
16 document your -- your physical exam.

17 What of sig- -- what significance is it
18 that -- that there's a check mark next to "chest
19 nontender"?

20 A. On this was when I tried to check if she
21 has a costochondritis, when you put a finger
22 there, you know, to check for if there's a pain in
23 the chest chondritis.

24 Q. And what do you note about -- about her
25 back?

1 Q. Do you know what I mean by a reproducible
2 neuromuscular pain pattern?

3 A. Yes, when you press and look for the
4 steady pain, yes.

5 Q. You looked for that?

6 A. Yes, sir.

7 Q. And did not find that?

8 A. I mean, from the prior historical note, we
9 would check for costochondritis. I pressed there.
10 No, it was not there.

11 Q. Do you remember talking to her husband?

12 A. Yes, sir.

13 Q. And what do you remember about the
14 conversations with her husband, if anything, that
15 was significant?

16 A. I mean, we talked just general talk. He
17 was there. He went out probably twice, at least
18 twice I would say. Came -- came down -- came
19 back, I mean. I don't remember anything of
20 significance on her case. I really don't. I
21 talked to her about smoking mostly.

22 Q. What generally is the treatment employed
23 for sunburn?

24 A. When it's first-degree sunburn, usually
25 pain, and we ask them to put calamine lotion on

1 it. And most of the time, it takes care of it.

2 Second-degree burn we put Silvadene on it.

3 Q. I'm sorry, you put?

4 A. Silvadene.

5 Q. Silvadene?

6 A. But first -- first-degree pain -- I mean,
7 sunburn, usually you give them pain medicine
8 and --

9 Q. And calamine lotion? Is that what you --

10 A. It's over-the-counter. You know, it's
11 something over-the-counter they use. It's really
12 not medically -- in medical literature indicated
13 medically.

14 Q. Was either calamine lotion or Silvadene
15 employed in the care of Pam Cherry?

16 A. No. No, sir. I mean, she did not need
17 Silvadene.

18 Q. You describe her sunburn, I believe, as
19 upper back?

20 A. Yes, sir. Upper back and -- well, she had
21 a face -- also facial and the chest.

22 MR. KEHOE: Why don't we take a short
23 break consistent with -- with the earlier request,
24 and we'll get started again.

25 THE VIDEOGRAPHER: Going off the

1 pertinent positive, and there's what is negative
2 too. I mean, you don't look at one side
3 without --

4 Q. My question is, what were the items that
5 were worrisome for heart attack?

6 A. Her risk factors -- she has two major risk
7 factors.

8 Q. Smoking and cholesterol?

9 A. Cholesterol. Anxiety would be a minor
10 risk factor.

11 Q. Her age?

12 A. Age is another minor risk factor.

13 Q. And what would be worrisome about her
14 presentation?

15 A. The presentation, came in with sunburn,
16 and that's -- because where the sunburn was, and
17 that's what made me think it could be cardiac too.

18 Q. Whether you felt it was sunburn or heart
19 attack, you felt it necessary to -- to rule out
20 heart attack or the presence of a heart cause for
21 her complaints, didn't you?

22 A. Well, at least I felt it was very
23 necessary to keep her monitored and reevaluate
24 her.

25 Q. And in your attempt to rule out a cardiac

1 cause for her ten out of ten pain and other
2 descriptions noted in the triage process, did you
3 obtain labs?

4 A. Yes, sir.

5 Q. And what labs did you obtain that were
6 helpful to rule in or rule out a heart cause?

7 A. Well, we obtained the cardiac enzymes.
8 And we do a CMP and CBC.

9 Q. To assist you in ruling in or ruling out a
10 heart cause, you obtained a CK/MB band blood test;
11 did you not?

12 A. I did, yes, sir.

13 Q. And that blood draw occurred in the
14 emergency room; am I right?

15 A. Yes, sir.

16 Q. And I'm looking now at Page 12 of
17 Exhibit 1, the hospital chart, the blood draw for
18 that cardiac enzyme CK/MB occurs at 1943; does it
19 not?

20 A. I don't -- yes, sir.

21 Q. And that would be 7:43 in -- in the
22 evening?

23 A. Yes, sir.

24 Q. And that would be less than three hours
25 after the onset of this pain that is described as

1 draw that occurred at 1943?

2 A. Yes, sir.

3 Q. Was either the troponin level or the CK/MB
4 band cardiac enzyme level ever repeated before she
5 was released home?

6 A. No, sir.

7 Q. Why not?

8 A. Why they were not repeated?

9 Q. Why weren't they repeated if it was
10 important to rule out a cardiac cause of her
11 complaint?

12 A. Well, the last time when I checked on
13 her -- I went to see her four times total that I
14 remember. The last time I saw her -- you have
15 to -- to remember, she was monitored all this
16 time. Look at the monitor. The vital signs,
17 everything was stable. She was -- she was calm.

18 No worrisome sign whatsoever.

19 Went to see -- she told me her back was
20 hurting the most. Then I gave her Toradol. And I
21 thought Toradol might help. After I gave her the
22 Toradol, then went to reassess her again, and she
23 says she's feeling better.

24 So the impression I had, this is
25 musculoskeletal pain. And at that point, I said,

1 Well, we have everything looking good. And I
2 remember she was eager to go home. And I said --
3 So if everything is good, can I go home? I said,
4 Sure. I mean, I -- I had -- I felt comfortable
5 there's absolutely no cardiac event on this
6 patient.

7 And I -- I thought that would be best for
8 the patient, you know, keep them -- or transfer
9 them somewhere.

10 Q. So the Toradol was given for the back
11 tenderness that you've described?

12 A. Yes, sir.

13 Q. It was not given for sunburn then?

14 A. No.

15 Q. Would you agree that a musculoskeletal
16 pain diagnosis would be of a much lesser clinical
17 significance of potential severity than a heart
18 attack?

19 A. Oh, absolutely.

20 Q. And if you want to rule out a heart cause,
21 you would need to repeat the CK/MB bands as well
22 as the troponin so you would have a -- a later
23 reference point, wouldn't you?

24 A. Well, you have to see every patient and
25 assess them over and over. When you see a patient

1 don't -- don't respond to nitroglycerin, you
2 monitor for over 2-1/2 hours, there's absolutely
3 no ectopies, no PVCs or PAC or any irregular
4 rhythm, and you see them responded to Toradol.

5 I had -- I had -- I felt very comfortable.
6 You talk to them. You feel they are reliable. If
7 anything happened, they would come back. And you
8 act -- in a small town, you know they're going to
9 come back if any -- if anything happened.

10 But in my mind, there's absolutely no
11 cardiac issue there.

12 Q. So there was nothing of her presentation
13 that you felt was of significant concern to
14 warrant repeating labs?

15 A. At the end of the visit, no, sir.

16 Q. So her pain level, then, was significantly
17 improved; is that your impression?

18 A. I -- I remember I asked her specifically.
19 She said, I am better. When I asked her what was
20 the scale on her pain, I -- I don't remember. I
21 asked that question.

22 Q. You did order for her in addition to the
23 labs nitroglycerin; did you not?

24 A. I did.

25 Q. How many administrations of nitroglycerin

1 Q. What was the computer EKG machine
2 interpretation?

3 A. What -- do I have to read it?

4 Q. Well, what is it?

5 A. "Sinus rhythm with sinus arrhythmia.
6 Right atrial enlargement, rightward axis, possible
7 anterior infarct, age undetermined."

8 Q. And the conclusion was an abnormal
9 electrocardiogram?

10 A. Yes, sir.

11 Q. And you had --

12 A. That's the computer conclusion, yes, sir.

13 Q. And you had that to consider forever --
14 whatever it was worth in conjunction with her
15 earlier reports of chief complaints, all of the
16 triage notes to mix in with your clinical
17 impression?

18 A. In my opinion, this was a normal EKG when
19 I looked at it, and it did not concern me, no,
20 sir.

21 Q. When you had it to -- to look at, was the
22 printout already there, the -- what you just read,
23 the possible anterior infarct, age undetermined?

24 A. Usually -- yeah, all of the printout was
25 there, yes, sir.

1 nurses that have any pain level recorded below
2 eight out of ten at any time that she's in the
3 emergency room?

4 A. I don't have it in the chart, no, sir.

5 Q. And they chart that her pain level is
6 eight out of ten around the time of discharge,
7 which would have been about 30 minutes after the
8 intravenous administration of Toradol; is that
9 right?

10 A. That's what -- yes.

11 Q. And in your opinion, is 30 minutes an
12 adequate time from the IV administration of
13 Toradol to wait before a patient is released?

14 A. After 30 minutes, the Toradol usually has
15 the effect, yes, sir.

16 Q. On Page 5, there's a section in the chart,
17 Dr. Ilia, for clinical impression.

18 A. Yes, sir.

19 Q. Is that your clinical impression?

20 A. Yes, sir.

21 Q. And that's your signature at the bottom?

22 A. Yes, sir.

23 Q. What was your clinical impression as to
24 the cause of her chest pain?

25 A. Sunburn.

1 Q. And then what's noted down at the bottom
2 of that clinical impression? It's just -- it's
3 just your handwriting. I want to be sure that I'm
4 reading it right, Dr. Ilia.

5 A. Which page is that?

6 Q. It's on Page 5, 005.

7 A. Chest pain, yes, sir.

8 Q. What else?

9 A. Sunburn and backache. Sunburn I, first
10 degree.

11 Q. How unusual would it be for a first-degree
12 sunburn patient to present themselves in your
13 emergency room by your experience with ten out of
14 ten pain?

15 A. I have -- I have seen some -- I have seen
16 burns they have complained of severe pain. I
17 can't say how many I have seen, no.

18 Q. Do you know how far it was for Pam Cherry
19 to -- to drive into the emergency room in
20 Lafayette?

21 A. I did not know that. I mean, I know now,
22 but I did not know that.

23 Q. Was that considered in her discharge plan
24 at all?

25 A. I don't remember.

1 sublingual. Toradol, 30-milligram IV times one.
2 DC/home," discharge home, "follow-up with PCP,"
3 primary care physician, "provided."

4 Q. And then we have the diagnostic studies
5 along the right-hand column that -- we've talked
6 about those; have we not?

7 A. Yeah. CMP, CBC, CK/MB, magnesium, and
8 troponin, and EKG. I'm sorry.

9 Q. Of the orders that we've gone over, which,
10 if any, were for treatment of sunburn?

11 A. None of these were for sunburn.

12 Q. Let me direct you to Page 14 within --
13 within the chart, Exhibit 1.

14 What is that?

15 A. That's prescription.

16 Q. That's a prescription for what?

17 A. Voltaren, 75 milligrams, 1 tablet PO --

18 Q. And what is Voltaren?

19 A. It's nonsteroidal anti-inflammatory drug.
20 Diclofenac is the generic name for it.

21 Q. And what was that given for?

22 A. Excuse me?

23 Q. What was that given for?

24 A. For her back. It's anti-inflammatory back
25 and help burn pain also. And Flexeril is 10

1 milligrams, 1 tablet PO q 8 hours as needed or
2 p.r.n., dispense 30 tablets.

3 Q. Is that all on there?

4 A. Well, my signature and ID number.

5 Q. So that was the prescription that she was
6 sent home with?

7 A. Yes, sir.

8 Q. A couple pages back, Page 17, I think we
9 talked about that one?

10 A. What was that? 17?

11 Q. Yes, sir.

12 A. Yes, sir.

13 Q. What is that?

14 A. This is the blue paper when they come to
15 the triage to the clerk.

16 Q. And that lists the chief complaints?

17 A. Jaw pain and chest pain.

18 Q. And those were her chief complaints?

19 A. When she came in, yes, sir.

20 Q. With her chief complaint including chest
21 pain, was she treated as a chest pain patient?

22 A. The chest pain -- she was treated for
23 chest pain, but the chest pain was due to sunburn.

24 Q. I'm looking at Page 4. It says,

25 "Emergency physician record chest pain."

1 But, yes, she does have history of
2 hypercholesterolemia, yes.

3 Q. If a patient comes in and you're going to
4 go through this chest pain checklist, you would
5 have to assume if she's on simvastatin that it's
6 to treat high cholesterol, wouldn't you?

7 A. Hyperlipidemia, hypercholesterolemia, yes,
8 sir.

9 Q. And under the diagnostics, will you agree
10 that her cardiac markers would be listed as
11 indeterminate?

12 A. I don't know if indeterminate. I know
13 her cardiac mark was negative. Beyond that -- I
14 went with indeterminated were negative when I
15 checked the ones I checked.

16 Q. Well, the box would be checked if you were
17 using this on Pamela, wouldn't it, that begins --
18 or the cardiac marker is positive or
19 indeterminate?

20 A. Maybe, maybe not. But I would say that's
21 okay. I mean, I...

22 Q. I mean, it says, "Indeterminate includes
23 only one set of markers." She only had one blood
24 draw, and that was less than three hours after a
25 sudden onset.

1 Pamela's jaw?

2 A. Examine? I mean, put my hand on?

3 Q. Did you examine her jaw?

4 A. I mean, I checked the -- I don't remember
5 doing the TMJ. No, I have not.

6 Q. One of the complaints seems to have been
7 jaw pain, and I'm asking if you examined her jaw.

8 A. I remember examining her neck, the jaw
9 here, putting my hand there. But I don't remember
10 putting my hand on her TMJ. No, I don't.

11 Q. What did you conclude was the cause of her
12 jaw pain?

13 A. I really thought that was all related to
14 sunburn.

15 Q. Was there more sunburn over her jaw as
16 opposed to her forehead and the rest of her?

17 A. I don't -- I don't remember. Honestly, I
18 don't remember. It was -- was red all over. I
19 mean, was her face...

20 Q. If her back would have been -- her back
21 tenderness as you've described would have been her
22 chief complaint, why wouldn't you have ordered an
23 x-ray of that -- of that area?

24 A. Well, she didn't have history of back
25 pain, and I didn't have...

1 REPORTER'S CERTIFICATE

2
3 I certify that the witness in the
4 foregoing deposition, HANNA C. ILIA, M.D., was by
5 me duly sworn to testify in the within entitled
6 cause; that the said deposition was taken at the
7 time and place therein named; that the testimony
8 of said witness was reported by me, a Shorthand
9 Reporter and Notary Public of the State of
10 Tennessee authorized to administer oaths and
11 affirmations, and said testimony, pages 1 through
12 108 was thereafter transcribed to typewriting.

13 I further certify that I am not of
14 counsel or attorney for either or any of the
15 parties to said deposition, nor in any way
16 interested in the outcome of the cause named in
17 said deposition.

18 IN WITNESS WHEREOF, I have hereunto
19 set my hand the 21st day of March, 2013.



25 ELISABETH A. MILLER LORENZ, RMR, CRR, TLCR No. 66
My commission expires: 3/5/2015